

CALA Testimony on Senate Bill 1030 – An Act Concerning Long-Term Care Facilities.

TO: Co-Chairs Sen. Abrams and Rep. Steinberg, Ranking Members Sens. Somers and Hwang and Rep. Petit, Vice Chairs Sens. Anwar and Kushner and Rep. Gilchrist.

I am writing to you today on behalf of the Connecticut Assisted Living Association (CALA). Our members along with many other stakeholders participated with the Nursing Home and Assisted Living Work Group that helped develop some of the recommendations included in Senate Bill 1030 - An Act Concerning Long-Term Care Facilities.

CALA is a statewide organization that represents the owners and operators of some 145 managed residential communities offering Assisted Living services to Connecticut's older adults and senior citizens.

Having been a participant with the Nursing Home and Assisted Living Oversight Work Group CALA is generally supportive of many of the concepts that were discussed. Indeed, the nature, structure and model of how care and services are provided in Connecticut's residentially based Assisted Living setting have contributed significantly to much lower incidents of resident and staff infection and death stemming from the covid-19 virus.

From a regulatory perspective, we believe it is important to emphasize the difference between Assisted Living in Connecticut, which are non-medical settings, and nursing homes, which often provide skilled nursing care. Connecticut's Assisted Living model is structured as a residential platform, governed by landlord-tenant law. While Assisted Living is licensed to provide assistance with activities of daily living, the license strictly prohibits the provision of skilled nursing care. Care and services are provided when needed as needed. Connecticut's Assisted Living model successfully allows the provision of Assisted Living services in a wide range of settings including state funded congregate housing, HUD financed low- and moderate-income senior housing, state pilot and demonstration program sites, market rate Assisted Living, memory care specific settings, and Continuing Care Residential Communities or life plan communities.

For these reasons, we do not believe that Assisted Living should come under the definition of a long-term care facility. CALA also offers the following specific comments regarding sections of Bill 1030:

- Section 1(b) - Infection prevention requirements are not required in Assisted Living; Assisted Living communities are non-medical settings and, as such requiring them to staff a full-time position would be unreasonable and costly.
- Section 3 - Quarterly fitting of N95 masks is not appropriate in an Assisted Living setting, which is not a medical setting. Assisted Living would not use N95 masks in its daily operations beyond a public health emergency. To impose a statutory requirement for a product that is only used under extraordinary circumstances is unreasonable. In addition, fit testing requirements are duplicative of rights already provided under OSHA, which regulates the area of employee workplace safety, and has established its own set of requirements to conduct fit testing of N95 masks. The CDC's National Institute for

Occupational Safety and Health (NIOSH) has also issued guidance on N95s. These additional proposed statutory requirements will create confusion for providers in their application.

- Section 4 – The proposed requirement that Assisted Living Service Agencies (ALSAs) be staffed with someone who can start an IV line we believe is completely inappropriate given that this would constitute skilled care, which is beyond the scope of an ALSA's license. This skilled level of care would be completely inappropriate in the Assisted Living setting. Notably, even in nursing homes where skilled care is provided, CT regulations only allow IV therapies under very narrow circumstances, only when administered directly by a licensed physician or in a Chronic Care Nursing Home (CCNH) that has an established IV therapy program.
- Section 5 – The requirement for an infection prevention committee is not appropriate for Assisted Living as it is not a medical setting.
- Section 6 – The Nursing Home Infection Prevention Training course is not relevant for Assisted Living settings.
- Section 9 – We believe that the restrictions on visitation, other than those imposed by the state during a public health emergency are inappropriate in the Assisted Living setting. During the public health emergency, Assisted Living has not been under any regulatory restrictions for visitation, other than those imposed by the State. In addition, visitation rules are set by the individual Managed Residential Communities (MRCs) not by the Assisted Living Service Agency (ALSA) who are providing services. We believe the CT Department of Public Health (DPH), as the regulatory authority, would be best suited to enforce visitation restrictions.
- Section 10 – Because Assisted Living residents do not have the same restrictions as skilled nursing facilities (SNFs), CALA does not believe that essential caregivers are appropriate in Assisted Living settings.

CALA appreciates the opportunity to submit testimony on behalf of its members and stands ready to serve as a resource or provide input to committee members regarding Bill 1030.

Thank you for your consideration.